

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>MICHAEL A. Joy</u>		COURT CASE NUMBER <u>07-405-JJF</u>	
DEFENDANT <u>HEALTHCARE C.M.S. E.T. ALL</u>		TYPE OF PROCESS <u>C</u>	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>HEALTHCARE C.M.S.</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1201 COLLEGE PARK DR. SUITE 101 DOVER, DE 19904</u>		
AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>MICHAEL A. Joy SBI#519040</u> <u>H.R.V.C.I P.O. BOX 9561</u> <u>WILM. DE 19809</u>		
	Number of process to be served with this Form - 285	<u>1</u>	
	Number of parties to be served in this case	<u>2</u>	
	Check for service on U.S.A.	<input checked="" type="checkbox"/>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

(302) - 674-8281
(302) - 674-3693

Fold

FORMA PAUPERIS

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER _____	DATE <u>3/11/08</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>15</u>	District to Serve No. <u>15</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>5-21-08</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>MARLE SLACK, Admin. Asst.</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) <u>1201 College Park Dr</u> <u>Suite 102, Dover, DE 19904</u>	Date of Service <u>5/28</u>	Time <u>12:35 pm</u>
Signature of U.S. Marshal or Deputy <u>[Signature]</u>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

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CLERK, U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2008 MAY 30 AM 4:44